PART B - FEE(S) TRANSMITTAL

Complete and this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450 aug 1 6 2010 🕏

| | / | | , | 571)-273-2885 | | 1450 | |
|--|--|---|---|---|--|---|--|
| approparation in interest indicated unless correct maintenance fee notific | s form should be used r correspondence includ- ted below or directed of ations. | for transmitting the ISS ing the Patent, advance of therwise in Block 1, by (| UE FEE and PUBLICA orders and notification of a) specifying a new corn | TION FEE (if requ f maintenance fees v respondence address | ired). Blocks will be mailed ; and/or (b) inc | through 5 sh to the current of dicating a separ | ould be completed wher correspondence address a rate "FEE ADDRESS" for |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 29683 7590 06/07/2010 | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| HARRINGTO 4 RESEARCH SHELTON, CT | [] St ad tra | Cer hereby certify that th ates Postal Service v Idressed to the Mai ansmitted to the USP | tificate of Mai is Fee(s) Trans with sufficient p I Stop ISSUE TO (571) 273-2 | smittal is being postage for first FEE address a | deposited with the United class mail in an envelope above, or being facsimal | | |
| | | - | Jessi | ca · Pace | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | (Depositor's name) | |
| | | | | X: \\ | 1.2010 | 400 | (Signature) |
| APPLICATION NO. | FILING DATE | 3 | FIRST NAMED INVENTO | OR . | ATTORNEY D | OCKET NO. | CONFIRMATION NO. |
| | 01/20/2004 N: METHOD FOR EN ANS FOR IMPLEMENT | SURING ADEQUACY (FING THE METHOD | Jari Vallstrom OF TRANSMISSION C | APACITY, TERMI | 800.0284. NAL EMPLOY | ` ' | 3289 ETHOD, |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E FEE TOTA | L FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 98/16/2 | 010 EAREGAY2 | \$1810 000000053 50 | 09/07/2010 31924 10761532 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 01 FC:1 | | 10.00 DA | 717C4 1070100L |
| NGUYEN, TOAN D | | 2472 | 370-389000 | 02 FC:1504 300.00 DA | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI | less an assignee is ident th in 37 CFR 3.11. Com | A TO BE PRINTED ON T tified below, no assignee pletion of this form is NO | data will appear on the T a substitute for filing ar (B) RESIDENCE: (CIT | patent. If an assigned assignment. | OUNTRY) | below, the doc | cument has been filed for |
| Please check the appropr | riate assignce category or | r categories (will not be pr | inted on the patent): | Individual 🛭 Co | rporation or oth | ier private grou | p entity Government |
| | are submitted: No small entity discount p | permitted) | D. Payment of Fee(s): (Ple A check is enclosed. Payment by credit ca The Director is hereb overpayment, to Dep | ard. Form PTO-2038 | is attached. | | ciency, or credit any extra copy of this form). |
| ` | tus (from status indicated | • | ☐ b. Applicant is no lor | | | | |
| NOTE: The Issue Fee an | d Publication Fee (if req | uired) will not be accepted ites Patent and Trademark | from anyone other than | | | | |
| Authorized Signature | Weller | Malinowsk |) . | Date | ugust | 10,20 | 10 |
| Typed or printed name | œWalter | Malinowski | | Registration No | 42 4 | | · |
| n application. Confident | tiality is governed by 35 | CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the | I.14. This collection is es | timated to take 12 m | inutes to comp | lete including | eathering preparing, and |

30x 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Juder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.